



2025 - 2026 Religious Education Registration

IMPORTANT INFORMATION

- Classes meet on **Sunday** from **10:30 a.m. - 11:45 a.m.**
- **Parents are expected to attend Mass with their children every Sunday.** Families are encouraged to join us at the 9:00 a.m. Mass for our **Children's Liturgy**. Children can join our catechists for a *children's version* of the Sunday readings and then rejoin their families for the Liturgy of the Eucharist.
- **Tuition, Fees** and a copy of the child's **Baptism Certificate** are **due at Registration**.

STUDENT INFORMATION	Student 1	Student 2	Student 3
NAME First / Last			
SCHOOL NAME			
GRADE (2025 - 2026)			
DATE OF BIRTH			
GENDER (Male/Female)			
LIVES WITH (both parents, custodial parents, other/relationship)			
PREVIOUS RELIGIOUS EDUCATION	Last Grade Church	Last Grade Church	Last Grade Church
SACRAMENTS RECEIVED	() Baptism () First Communion	() Baptism () First Communion	() Baptism () First Communion

FAMILY INFORMATION

CHURCH ENVELOPE / FAMILY ID # _____

PRIMARY E-MAIL _____ ALTERNATE E-MAIL _____

PRIMARY ADDRESS _____ City _____ St _____ Zip _____

MOTHER (OR FEMALE GUARDIAN):

First Name _____ Last Name _____ Marital Status _____ Religion _____

Sacraments Received: () Baptism () Eucharist () Confirmation Cell () _____ Work Phone () _____

Address (if different) _____ City _____ St _____ Zip _____

FATHER (OR MALE GUARDIAN):

First Name _____ Last Name _____ Marital Status _____ Religion _____

Sacraments Received: () Baptism () Eucharist () Confirmation Cell () _____ Work Phone () _____

Address (if different) _____ City _____ St _____ Zip _____

2025-2026
Religious Education Tuition and Payment

One Child	\$150.00
Two Children (\$125.00 each)	\$250.00
Three or more Children (\$100.00 each)	\$300.00
Additional Sacrament Fee for First Holy Communion (per child)	\$50.00
Additional Sacrament Fee for Confirmation (per child)	\$75.00

We welcome tuition donations for **families in need!** Pray about it...no amount is too small 

NOTE: No child will be turned away for lack of funds. If you have financial difficulties, please speak directly with the Director of Religious Education at the time of registration, for an agreed upon payment plan.

Student	Tuition	Sacrament Fee (if applicable)	Sub Total
1.			
2.			
3.			
4.			
Total due at Registration			\$

I promise to be responsible for the full payment of the total **Tuition Due** and understand that, unless other arrangements are made, the total Tuition Balance due must be paid in full at the time of Registration. In addition, I agree to pay any fees charged to St. Jude Church, in the event that a check is returned due to insufficient funds or my credit card is declined.

Signature _____

Date _____

Please make check payable to: **ST. JUDE RELIGIOUS EDUCATION.**

We also accept **Cash** and/or **Visa, MasterCard, American Express**, and **Discover** credit cards. Please complete a **Credit Card Authorization Form**.

FOR OFFICE USE:

Date _____ Amount Paid \$ _____ Cash ____ Credit Card ____ CK # _____

Balance Due \$ _____ Notes: _____

Tuition Installment Agreement Approved/Signed _____



2025 - 2026

RELIGIOUS EDUCATION WAIVERS



Student(s) _____

AUTHORIZATION FOR USE AND REPRODUCTION OF PHYSICAL LIKENESS

I expressly grant to the Catholic Diocese of Palm Beach, its affiliated entities, agents and employees (hereinafter referred to as "the Diocese"), the right to photograph me and use my name, picture, silhouette and other reproductions of my physical likeness (as they may appear in any still camera photograph, TV commercial, video, website, motion picture film or any other medium of communication) in any promotional materials for the Diocese including but not limited to newsletters, bulletins, calendars, PowerPoint presentations, videos, websites, blogs or social networking pages. I also consent to the reproduction of any recordings of my voice and/or any instrumental, musical or other sound effects produced by me.

I further give the Diocese the ownership rights to all works, acts, plays, and appearances made by me for the Diocese.

I also release the Diocese of any claim of liability or damages that I may assert under Fla. Stat. 540.08, or any other statutory or common law claims, arising from the use or reproduction of my name, voice, likeness or other identifying characteristics.

This permission shall remain in effect unless revoked by me and communicated to the Diocese in writing. I hereby certify that I have read the foregoing and fully understand its contents and intend for it to be legally binding.

this _____ day of _____, 20 _____

Authorized Parent / Guardian Signature

AUTHORIZATION FOR ATTENDANCE TO AGE-APPROPRIATE "SAFE ENVIRONMENTS / PROTECTING GOD'S CHILDREN" PRESENTATION

I expressly grant permission for my child to attend the age-appropriate "Safe Environments" presentation given in compliance and in accordance with guidelines set forth by the Diocese of Palm Beach as part of the Religious Education curriculum.

This permission shall remain in effect unless revoked by me and communicated to the Religious Education Office and the Diocese in writing. I hereby certify that I have read the foregoing and fully understand its contents and intend for it to be legally binding.

Authorized Parent / Guardian Signature

Date:

AUTHORIZED PICKUP INFORMATION

Other than parents, the following person(s) is authorized to pick up student(s)

Name of Person Authorized to pick up student	Phone Number	Relationship to Child

MEDICAL RELEASE / EMERGENCY CONTACT INFORMATION

PARENT OR GUARDIAN AUTHORIZATION

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT/Paramedic, E.R. Physician).

In any event, I/we agree to hold St. Jude Parish harmless for any actions performed by their staff in assisting my/our child(ren), arising from a medical emergency.

Physician	Physician's Phone	Hospital Preference

Emergency Contact (in case parents cannot be reached)	Emergency Contact Number	Emergency Contact Relationship to Child

MEDICAL CONDITIONS / MEDICATIONS

Please list any allergies/medical problems, behavioral issues, including those requiring maintenance medications (i.e. Diabetic, Asthma, ADD, ADHD, Autism, Dyslexia, Seizure Disorder, Allergies, etc.).

STUDENT	MEDICAL / BEHAVIORAL CONDITIONS, ALLERGIES	MEDICATIONS	LEARNING DISABILITY

Signatures: _____ / _____
Father/Guardian Date

_____ / _____
Mother/Guardian Date